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ABSTRACT

Two programs at the University of California, San Diego, (UCSD) in Spanish and Cultural Sensitivity are reported, one at the UCSD Medical Center and the other at the School of Medicine. These programs illustrate the power of culturally sensitive medical care versus a medical practice with non cross-cultural awareness that could result in patient non-compliance and hopelessness. The two programs, one undergraduate and one graduate level, were founded in 1979 and 1984, respectively. The approaches at each are similar: to bridge the linguistic and cultural differences existing between the predominant culture and the Latino patients. Objectives, concepts, skills, and methodologies are outlined, including the goal for oral proficiency in medical Spanish. Each program includes a cultural immersion component. It is concluded that with the changing American demography, Medical Spanish is one of the Languages for Specific Purposes that is in great need. Contains 13 references. (LB)

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Teaching Models and Language Materials in Spanish for the Education of Health Care Providers

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The notion that health care providers must be aware of patient beliefs and values in order to understand their world view and symbolic communication has been recognized and addressed in the literature (Cancelmo, 1990; Kleinman, A. 1978; Kay, Margarita, 1972).

The need to train culturally sensitive health care professionals - who may be able to find the common threads of personal meaning among different and sometimes opposing value systems - remains a challenge.

In this paper, I would like to recount the author's experience at the University of California, San Diego, with two programs that I consider paragon for the implementation of a curriculum in **Spanish and Cultural Sensitivity**. I hope that the description of these programs may highlight the power of culturally sensitive medical care versus a medical practice with no cross-cultural awareness that may, unavoidably, result in patient non-compliance and hopelessness.

Kristal and associates acknowledged the premise that "Culture forms an important part of the identity of every patient . . . and culture-related stresses are known to induce illness" (Kristal et al, 1983).

Compelled by this vision, the faculty designed a program in Spanish and Cultural Sensitivity for the Resident Physicians in the Division of Family Medicine at UCSD Medical Center. This is the program, Dr. Edith Jonsson-Devillers has just described, as it presently stands. My contribution as one of the founding faculty members will focus on the history from the moment of its inception in 1979.

Aware that the communication process is a vital factor in patient care, the School of Medicine of the University of California at San Diego, followed the example of the Medical Center. Thus, in 1984, the Department of Community Medicine launched its specifically designed program for medical students. I was hired for the purpose of founding such program under the leadership of Dr. Harold Simon.

The two programs at the undergraduate and graduate level (medical students and resident physicians) were operating under the guiding principle that effective communication encompasses

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both linguistic and cultural perceptions of verbal and non-verbal behaviors (González-Lee, Simon, 1987).

Thus, for effective communication to take place, health care providers needed not only to learn and acquire the Spanish language but most importantly they needed to obtain "cultural fluency."

The UCSD Medical Center integrated their Spanish language goals with those in the curriculum of Behavioral Science that centered their training objectives on the psycho-social aspect of disease. Separately, the faculty at the School of Medicine, Department of Community Medicine, sought the advice and expertise from the Department of Linguistics and the Latino Medical Community.

Even though the approaches were quite different at the School of Medicine and at the Teaching Hospital, the purposes were very similar: to bridge the linguistic and cultural differences existing between the predominant culture and the Latino patients.

One more factor that influenced the inception of these programs was the proximity of the city of San Diego to the US/Mexican Border. This fact alone provided an additional incentive to attempt to solve the problem of communication by maximizing bilingualism/biculturalism. By means of these programs the future health care professionals were able to acquire **Oral Proficiency in Medical Spanish** while at the same time acquiring **Cultural Fluency** (Abraham, 1988).

In summary, theoretical principles as well as practical and political considerations permeated the gestational period during the early years of Medical Spanish at these two institutions located in the border city of San Diego.

One important political factor is still valid today: the dynamics of Demographics.

Demographics

David Hayes-Bautista, a UCLA demographer, studied the patterns of the population growth among Latinos for the state of California. Basing his studies in the 1980 census, he predicted an increase for the Latino population in the order of 33 million by the year 2000 (Hayes-Bautista, 1988). More recent demographic studies done by David-Hayes Bautista and based on the 1990 census, have led him to project an increase in the Latino population of California from 35% during the decade of the eighties to 45% by the year 2000 (Hayes-Bautista, 1991).

High as these official figures may appear to be, they do not include the number of undocumented workers who continually cross the border in search of better living conditions and medical

services in the United States. Neither do they reflect the increase in population numbers that is currently beginning to take place with the Advent of the US/Mexican Free Trade Treaty. Its due economic importance for trade and manufacturing activities will eventually create an additional influx of workers moving across the border region in both directions.

For the purposes of health care, the undocumented population, mainly consisting of migrant workers not counted in the official census, must be added to the already established number of Mexican-Americans living in the San Diego area. Because of the difficulty of having an exact recount, it is probably safe to assume that what demographer David Hayes-Bautista predicted for the year 2000 is presently occurring in San Diego: The Latino ethnic group has already reached the 40-45% of the population growth in some areas of this border city. Confronted with this demographic dynamics, medical students, resident physicians and health care professionals in general face the challenge of communicating with Spanish speaking patients daily.

Description of the programs at UCSD: Medical Center and the School of Medicine

Objectives

In striving to achieve a working knowledge of cross-cultural sophistication, the following **Concepts, Skills and Knowledge** were selected to be taught and to be acquired by students at both sites (González-Lee, Simon, 1987)

Concepts

- Culture dictates the norm of behavior for a particular group.

- Diversity, however, exists in a group in the way each person reacts to a specific situation.

- Consequently, established Mexican-Americans react differently to a particular situation than more recent Mexican immigrants because of greater acculturation and as a result of socio-economic and educational differences.

- Health beliefs affect patient's understanding of illness, its etiology and treatment. Therefore, compliance with medical instructions depends on doctors' ability to convert a patient's complaint into a recognizable diagnostic category with a definite etiology.

- Mono-cultural and mono-lingual health care providers need to begin to shift from a uni-cultural stance that sees only the

biomedical science-based understanding of disease with an ethnocentric perspective to a Transcultural posture that let them view illness through their patients' perceptions and cultural backgrounds.

- Diverse cultural perceptions, however, affect views and responses to health and illness, life and death and other dichotomies such as viral infections versus hex or mal de ojo, the concept of reincarnation versus heaven or hell and so forth.

Skills

- Ability to understand, speak, read and write Spanish with full command of grammar and medical terms.

- Ability to use the medical context to decode meaning from patients' language and expressions of complaints.

- Ability to interpret verbal and non-verbal messages from patients of a different culture.

Knowledge

Within the Mexican and Mexican-American culture to understand.

- Family structure with its diverse variants (nuclear, extended, single parent).

- Foods (nutritional compositions, customs and celebrations).

- Attitudes about health and illness and important life processes such as birth, puberty, maturity, death and dying.

- Effects of religion on concepts of health and illness, life and death etc. Multi-faceted concept of death with Indigenous, European and African perspectives.

- Values and ethics among Latinos.

Methodologies

Although the objectives were similar for the two programs the methodologies differed.

The Program at UCSD Medical Center:

Kristal and associates described the various components as they were originally conceptualized. I will briefly summarize the various parts.

1. a Spanish language course

2. a clinical rotation in a community health clinic.
3. home-based patient health education and counseling for Spanish-speaking families.
4. didactics or lectures in English about the Latino cultural values and differences.

All of these were integrated into the Behavioral Science program for the Division of Family Medicine Residency Program.

The cultural immersion component encompassed daily encounters with Latino patients at the teaching hospital and during the rotation at the San Ysidro Clinic, a border health care center.

The training in the Spanish language consisted originally of a **Tutorial System** with a one-hour **Individualized Instruction** for each second year resident. The rationale behind the tutorial system was to permit maximum flexibility and learner-centered focus to already overloaded resident physicians.

The total contact time with Spanish was approximately (10) hours weekly including cultural immersion through clinical experiences conducted entirely in Spanish.

The Program at the UCSD School of Medicine

It was originally conceived for second year medical students who were concurrently taking Introduction to Clinical Medicine and learning about the principles and practices of history-taking and physical examinations.

This program was composed of a three quarter sequence of "elective" courses and credit was granted at the completion of the school year.

The two major components were (1) the Spanish language class (academic), (2) the clinical sessions (cultural immersion). The **"academic" component** consisted of a 3 hour classroom seminar a week where the instructor used the **Natural Approach and Communicative Competence Methodology**. The focus of the instruction was to equip medical students with linguistic skills that would permit them to interview Latino patients in Spanish with the same medical protocol and standards as Anglo patients. By consequence, while their Introduction to Clinical Medicine course was preparing them to do their medical interview in English, their Spanish class was enabling them to extend their medical interviewing skills and cross-cultural perspectives to patients from other cultures and/or from different life styles and mores.

The cultural immersion component was achieved by way of the clinical sessions.

Clinical sessions represented opportunities to be immersed in the culture by practicing Spanish with patients who would be found in the context of the medical clinics. Within both a medical and a cross-cultural context, each week a group of two or three students would visit the offices of an assigned Latino physician preceptor. This professional would facilitate the language acquisition process by acting as a role model. Students would interview four to five Spanish-speaking patients, using a controlled number of sentences of medical protocol learned in the classroom. Preceptors providing models as language and cultural experts would speak Spanish to their patients and interview them while medical students observed. Gradually as "active listening" produced results, students' self-confidence and speech emerged.

Oral Proficiency in Medical Spanish

The major goal of these courses was for students to develop Oral Proficiency in Medical Spanish. The many time constraints imposed by a very demanding curriculum made it difficult for students to do homework assignments. However, their limited time was greatly compensated by heightened student motivation. Because language was being learned for a specific purpose, that is to communicate with the Latino patient, students acquired "patient language" at a much accelerated pace.

The Natural Approach

Considering the time limitations and the advantages of cultural immersion, the Natural Approach developed by Krashen and Tracy Terrel was adopted as the method of choice (Krashen S, Terrel T, 1983). The seminar setting (Spanish language class) combined with cultural immersion (clinical session) facilitated compatibility with the double process of "learning" and "acquisition" central to the Natural Approach.

In Gonzalez-Lee's words, "When the medical context is being optimally used, the singular paradox of teaching a language without actually teaching it - or better, learning it without being specifically taught it and yet "acquiring" it - is resolved because messages conveyed with the linguistic input become the foci to be decoded and understood" (Gonzalez-Lee, Simon, 1987).

Principal communicative activities required the use of audiovisual materials, filmstrips, videos, real objects etc. These activities were designed to facilitate the natural language acquisition process by providing controlled linguistic input to be decoded and understood by learners.

Textbooks

Several textbooks were selected for these courses, particularly Jarvis and Lebredo's **Spanish for Medical Personnel**

for beginners; and for intermediate and advanced students Curry's **Carreras: Medicina** and David Werner's **Donde No hay doctor. Una guía para los campesinos que viven lejos de los centros médicos.** Notwithstanding the demand of these courses, was to train students to do a complete medical interview and accordingly to obtain information about the following:

(1) the Chief Complaint,
(2) the History of the Present Illness,
(3) the Past Medical History,
(4) the Family, Social and Cultural Histories
(6) a Major Review of Systems.

A continued effort at assessing students' needs compelled the instructor during the 8 years that I taught these courses to prepare specially designed materials to meet students' needs.

The Birth of Medical Spanish: Interviewing the Latino Patient. A Cross-Cultural Perspective.

From the initial preparation of hand-outs to supplement the required textbooks, the authors moved to the writing of the first manuscript specifically tailored to teach Medical Spanish to students interested in learning several styles of medical interviewing.

The concept of diversity within the unity of the Latino culture permeated the writing of the textbook so that students encountering patients from Puerto Rico, Cuba, Mexico, Central and South America, could be free from the danger of cultural stereotyping.

Additionally, the notion that within the same subgroup there are cultural variations based on socio-economic, educational, gender and generational differences, further illustrated the point that to practice medicine requires an understanding of the uniqueness of the individual and needs an individualized approach. In this fashion, overgeneralizations about a particular ethnic group such as "all Latinos believe in the mal de ojo" are discouraged in the textbook. Since blanket statements foster superficial points of view and negative image formation, all across the ethnic group.

On the other hand, recent research studies conducted by Irene Wherrit from the University of Iowa Teaching Hospital do document however, the existence of folk beliefs among a fairly good number of Latino migrant workers living in Iows. These patients systematically use the labels of folk illnesses such as "mal de ojo", "empacho", "susto", etc., to name real diseases (Irene Wherrit, forthcoming).

Thus the health care provider must be alerted to the wide diversity portrayed in terms of cultural beliefs as well as educational attainments. To deny the existence of these beliefs is to do a disfavor to the Latino community. To generalize and say that every Latino patient holds these beliefs is equally inappropriate.

In my opinion, the novelty of my co-authored textbook: **Medical Spanish: Interviewing the Latino patient. A Cross-Cultural Perspective** is built upon its **cross-cultural approach to the teaching of language and medicine.** In this way, language, culture and content from a triangle and are intimately connected and interrelated.

Considering this triple focus we can say that this textbook is suitable for Content-Based Instruction:

Language

Medical Spanish as a textbook contains little explanation of grammar or stilted studio medical conversations. Instead the concentration is on authentic speech, recorded on location through real life encounters with Latino patients. Language materials in this textbook are as authentic as rules of confidentiality permit since dialogues and case studies have been drawn from clinical sessions. Extensive use of materials designed for native speakers such as brochures, medical reports, patient education materials have been gathered together and elaborated for classroom use.

Content

The content of medicine is presented in this textbook by presentation of thematic units based on topics such as **Anatomy, Illnesses and Symptomatology.** Later on, as it moves towards the medical interview it focuses on the sentences most typically used in the medical protocol when obtaining a general medical history. Going from simple to more complex grammatical structures, the chapters move from the **General Medical History** to **Specialized Medical Histories** (for example, the pediatric, obstetric or mental-health histories). Throughout the whole book, elements of **Cross-Cultural Communication** are interspersed to allow the medical practitioner practice in these newly acquired cultural concepts.

Culture

Hints on the cultural differences such as the necessity to greet the Latino patient and to spend even a minimum amount of time on formalities that indicate respect to him or her as an individual, are systematically introduced through dialogues and readings. Cultural considerations and the need for the health

care provider to widen their own concepts, for instance on the family, so as to add the notions of the "extended family" and the "compadrazgo" serve the purpose of providing relevant information about how the culture operates in the ambiance of medicine.

Conclusions

In the decase of the nineties when we are moving to the teaching of foreign languages with students' career and vocational goals in mind, the teaching of **Languages for Specific Purposes** is becoming more and more predominant.

Given the current demographic patterns of the United States with the Latino group rapidly advancing to become the New Majority, it behooves health care providers, at large, to prepare to meet the challenge of patients speaking a different language from their own. The two programs described for California are in 1992 in their 13th and 8th year of operation. Much has been learned from these experiments in terms of teaching methodologies and teaching materials. The success is demonstrated by students and faculty commitment to these courses because of the direct benefit found in dramatically improved communication among interested parties.

Similar attempts at designing courses in Medical Spanish and Cultural Awareness are happening throughout the country; such as Dr. Ozzie Diaz-Duque's at the teaching Hospital of the University of Iowa, Dr. Keith Mason at the University of Virginia, Dr. Carol Meier at Bradley University and Consuelo Pitpitan at Pima County Community College in Arizona; to name just a few.

Medical Spanish is by definition one of the Languages for Specific Purposes that is in great need of more writing and preparation of didactic materials if we, as teachers, are going to meet the challenge of teaching simultaneously language, culture and content.

We need textbooks with learner-centered approaches, that encourage higher level cognitive and critical thinking skills using the language to solve problems within a context of the professional area (Gross C. and Kingscott G. 1991).

Language departments must be aware of the existence of these materials as well as the areas where more needs to be developed. My colleague, Edith Jonsson, and I have prepared a list of current textbooks, videos, computer software, radio and television programs, cultural readers on Chicano and Puerto Rican literature written in English and books on intercultural communications.

Finally, using the opportunity of this conference, we would like to invite the initiation of a network that may enlist key contacts, including names of faculty currently teaching and/or researching in the area of Medical Spanish.

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